

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	75316	10/16/90
O.J.P.E. CLASSIFIER		47	10/20/90
FORMALTY REVIEW			
RESPONSE FORMALTY REVIEW	CS	04134	

INDEX OF CLAIMS

✓ _____ Rejected H _____ Non-elected
 • _____ Allowed I _____ Interference
 - (Through numeral) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1	10/16/90	51		101	
2	10/16/90	52		102	
3	10/16/90	53		103	
4	10/16/90	54		104	
5	10/16/90	55		105	
6	10/16/90	56		106	
7	10/16/90	57		107	
8	10/16/90	58		108	
9	10/16/90	59		109	
10	10/16/90	60		110	
11	10/16/90	61		111	
12	10/16/90	62		112	
13	10/16/90	63		113	
14	10/16/90	64		114	
15	10/16/90	65		115	
16	10/16/90	66		116	
17	10/16/90	67		117	
18	10/16/90	68		118	
19	10/16/90	69		119	
20	10/16/90	70		120	
21	10/16/90	71		121	
22	10/16/90	72		122	
23	10/16/90	73		123	
24	10/16/90	74		124	
25	10/16/90	75		125	
26	10/16/90	76		126	
27	10/16/90	77		127	
28	10/16/90	78		128	
29	10/16/90	79		129	
30	10/16/90	80		130	
31	10/16/90	81		131	
32	10/16/90	82		132	
33	10/16/90	83		133	
34	10/16/90	84		134	
35	10/16/90	85		135	
36	10/16/90	86		136	
37	10/16/90	87		137	
38	10/16/90	88		138	
39	10/16/90	89		139	
40	10/16/90	90		140	
41	10/16/90	91		141	
42	10/16/90	92		142	
43	10/16/90	93		143	
44	10/16/90	94		144	
45	10/16/90	95		145	
46	10/16/90	96		146	
47	10/16/90	97		147	
48	10/16/90	98		148	
49	10/16/90	99		149	
50	10/16/90	100		150	

If more than 150 claims or 10 actions
 staple additional sheet here

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